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TO: Commissioner for Patents, Mail Stop:	FROM: C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
COMPANY: United States Patent Office	DATE: JUNE 18, 2009
FAX NUMBER: 571-273-8300	NO. OF PAGES (INCLUDING COVER): 14
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: IPVMAP01
RE:	RECIPIENT'S REFERENCE NUMBER: 10/822,218

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment Transmittal [1 page]

Amendment I [12 pages]

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (650)903-9200. THANK YOU.

Need PTO - 2038

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: THOMAS et al.

Attorney Docket No.: IPVMAP01

Application No.: 10/822,218

Examiner: QUOCHIEB. VUONG

Filed: April 12, 2004

Group: 2618

Title: EYEGASSES FOR WIRELESS
COMMUNICATIONCERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 18, 2009.

Signed: 

Printed Name: C. Douglass Thomas

AMENDMENT I TRANSMITTALCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

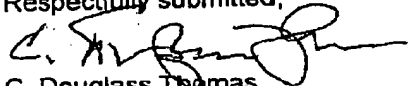
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	25	MINUS	23	02	x 26 = \$52	x 52 =
Independent Claims	3	MINUS	3	00	x 110 =	x 220 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$52.00	\$

- ☐ Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-3874 (Order No. IPVMAP01).
- ☒ Enclosed is a Credit Card Payment Form for the amount of \$52.00 to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-3874 (Order No. IPVMAP01).

Respectfully submitted,


 C. Douglass Thomas
 Reg. No. 32,947

Appln. No. 10/822,218

Atty. Docket No. IPVMAP01